

Registration District No. **156**

Primary Registration District No. **2-0-0-1 5581**

Registrar's No. **514**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin Mo**
(c) Name of hospital or institution: **R.R.#1 4 mi N.W. of Joplin Mo.**
(d) Length of stay: In hospital or institution **36 years**
In this community **36 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **CHARLES MYERS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **May Myers** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **May 9 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 28 hr. min.

9. Birthplace **Cincinnati, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **R.R. Engineer (Retired)**

11. Industry or business **Mo. Pac. R.R.**

12. Name **George Myers**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. May Myers**
(b) Address **R.R.#1, Joplin Mo.**

17. (a) **Burial** (b) Date thereof **9-10-43**
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Memorial**

18. (a) Signature of funeral director **Thornhill Dillon**
(b) Address **Joplin Mo.**

19. (a) **9-9-43** (b) **Plutus Audhott**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** 049
(c) City or town **Rural**
(d) Street No. **R.R.#1 4 mi N.W. of Joplin Mo.**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7**
year **1943** hour **11** minute **P** M.

21. I hereby certify that I attended the deceased from **8-28 1943** to **8-31 1943**
that I last saw him alive on **8-31**
and that death occurred on the date and hour stated above.

Immediate cause of death **As Dr. P. Olsen**

Due to **Senility**

Due to

Other conditions **97**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **E. D. Jones** (M. D. or other)
Address **Joplin Mo.** Date signed **9-9-43**

43-9-791

OCT 4 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

David Hillon

Licensed Embalmer No.....

3898

P. O. Address.....

Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.